

QUALITY OF LIFE IN WOMEN WITH GYNECOLOGIC CANCER: A CONCEPT ANALYSIS

CALIDAD DE VIDA EN MUJERES CON CÁNCER GINECOLÓGICO: ANÁLISIS DE CONCEPTO

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Artículo recibido el 9 de julio, 2013. Aceptado el 23 de agosto, 2013

ABSTRACT

*Quality of life (QOL) must be an important consideration in the evaluation of the effectiveness of healthcare. Walker and Avant's method for concept analysis was used for working "QOL and gynecologic cancer" concept. Articles from different data bases were used. The principal attributes of QOL are that it is an individual perception, has dimensions, is affected by different factors, varies or fluctuates, and is measured by the impact on daily life functioning. The antecedents related with QOL were characteristics of the women, diseases and treatment; concerns and fears; coping style; and symptoms. The consequences of QOL are not explicit. The review provided us with a great deal of information about the antecedents of QOL, but not about its attributes and the consequences. To understand and working in the concept is an important step in development theories and working in the nursing research area. **Key words:** quality of life, gynecological, cancer*

RESUMEN

*Calidad de vida (CV) debe tener una importante consideración en la evaluación de la efectividad de cuidado. EL método de análisis de concepto de Walker y Avant fue utilizado. Artículos de diferentes bases de datos fueron utilizados. Los principales atributos de la CV son que es una percepción individual, tiene dimensiones, es afectada por diferentes factores, varía o fluctúa, y es medida de acuerdo al impacto en el funcionamiento de la vida diaria. Los antecedentes de la CV fueron las características de las mujeres, de la enfermedad y del tratamiento, preocupación y temor, estilo de afrontamiento, y síntomas. Las consecuencias no están explícitas en los artículos. La presente revisión nos entrega una gran cantidad de información acerca de los antecedentes de la calidad de vida, pero no mucha información acerca de los atributos o sus consecuencias. Comprender y trabajar en el concepto es un importante paso en el desarrollo de teorías y trabajo de enfermería en el área de investigación. **Palabras clave:** Calidad de vida, ginecología, cáncer.*

INTRODUCTION

Quality of life (QOL) must be an important consideration in the evaluation of the effectiveness of healthcare. It is especially significant in the field of cancer care, where treatments are often debilitating and cancer can dramatically change a person's life¹.

Each year approximately 49,000 survivors of gynecologic cancers are added to the population in the United States¹. Gynecologic malignancies account for one-third of all cancers in women² and they are the third most common female cancer, occurring in about 1 in 20 women in the United States³.

The diagnosis of cancer evokes feelings of uncertainty and anxiety about the cure, treatment options and the recurrence⁴. Different authors recognize that little is known about cancer survivor's quality of life^{1,5} and that the persons should be considered the authorities on how the disease influences their QOL¹. Determining whether these women experience a poor QOL is necessary before interventions can be developed².

The aim of this paper is to define, according to Walker and Avant's method⁶, the meaning of quality of life, based on the literature related to gynecological cancer. The purpose of this paper is to enhance clarity for the definition of QOL, and to promote the quality of life's measure and quality of life's assessment in the nursing clinical practice. This purpose will be possible if the concept is clearly defined for nurse and nursing care⁷.

BACKGROUND

The factors that have been associated with improved QOL include women who have lower risk cancer^{4,8}, are older¹, married¹, are employed¹ and are higher annual incomes^{2,8}.

The issues detracting most from these women's QOL were distress of initial diagnosis, distress of treatment, family distress, sexuality, uncertainty, fear of re-

currence, fear of a second cancer, fear of future diagnostic tests, and fear of dying⁸.

Patients using disengaged coping are particularly at risk for poor QOL^{3,9,10}. Better physical status was significantly associated with less cancer-specific distress and less maladaptive coping¹¹.

The vast majority of women with a cancer diagnosis describe distinct pre-diagnosis symptoms⁸ and various reductions in their physical status⁵. Deterioration of physical status includes fatigue, pain, sleep, constipation, appetite, abdominal swelling, and abdominal cramps^{12,13}. During the first three weeks of therapy these symptoms increase significantly¹⁴ but usually after three weeks of therapy, the symptoms returned to pretreatment levels¹³.

A significant difference exists in QOL according to disease stage⁸, type of cancer⁸, and the type and time of treatment^{1,2,4}. Women on active treatment have significantly lower QOL¹. Although a decrease in QOL is observed after treatment is started¹², the overall quality of life usually improves after treatment^{3,5,13}.

METHODOLOGY

Walker and Avant's method for concept analysis was used. They establish eight steps: select the concept, determine aim of analysis, identify all uses of the concept, determine defining attributes, construct a model case, construct additional cases, identify antecedents and consequences and define empirical references^{6,15}.

The sources used to find information about quality of life in women with gynecologic cancer included the following databases: MEDLINE, CINAHL, PSYNFO, SCIELO and LILACS. The key terms used in databases search were quality of life, women and cancer, and a combination of these terms. The inclusion criteria for selecting the articles were: English or Spanish languages, research's articles, articles with the concept quality of life in the title and articles focusing in gynecologic cancer only (not including other types of cancer).

The articles that were included had different evaluation's instruments, studied different cancers (ovarian, cervical, endometrial, vulva), showed different methodologies (qualitative and quantitative) and included literature outside of the discipline of nursing. Each article was read and analyzed searching the definition, antecedent, attributes and consequences of quality of life concept. When all of the articles were analyzed, the findings related to the quality of life concept were synthesized.

Uses of quality of life's concept

The Merriam-Webster's Dictionary and Thesaurus defines the term quality as "peculiar and essential character, degree of excellence, high social status, a distinguishing attribute, being of high quality"¹⁶. This dictionary defines the term life as "a quality that distinguishes a vital and functional being from a dead body or inanimate matter. A state of an organism characterized by capacity for metabolism, growth, reaction to stimuli and reproduction"¹⁶.

When one looks at the definition of quality of life, the terms enjoyment and satisfaction appear in the definitions. These terms are related with the different conditions of the daily life.

When the term is defined in a medical context, it is related with the treatment option. The On-line Medical Dictionary defines quality of life like "refers to the level of comfort, enjoyment, ability to pursue daily activities. Often used in discussions of treatment options"¹⁷.

The World Health Organization (WHO) defines quality of life as the "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns"¹⁸.

Defining attributes

Defining different attributes were difficult, because the definition of QOL was not explicit in many of the articles re-

viewed. Perhaps the authors considered it irrelevant to define it because the attributes are implicit in the different instruments used.

Attributes are characteristics of a concept that appear over and over. The principal attributes of QOL which were identified in the articles included the following:

- QOL is an individual perception^{1-5,8,11-14,19}.
- QOL has dimensions. They are physical^{2,3,5,8,11,12,14,19}, sexual^{1,5}, psycho-emotional^{2,3,5,8,11,12,14,19}, social^{1-3,5,8,11,14} and spiritual^{2,8,11,14} dimensions.
- QOL is affected by different factors^{1-5,8,11-14}.
- QOL varies or fluctuates^{1-5,8,11-14,20}.
- QOL is measured by the impact on daily life functioning^{1-5, 8-14,20-22}.

Construct a Model Case

A model case must include all the critical attributes⁶. In this case, Mrs C. has cervical cancer. She is receiving radiotherapy and is in the third week of her treatment. The situation is as follows:

Nurse: Mrs. C, My name is Mary and I want to know how you are doing?

This is the third week, and it is very important to know how you are feeling with the treatment? Is it affecting your daily life? What is your perception?

Mrs. C: Oh, right now I am feeling better than the last week. The treatment has affected my life, but only in some aspects. Last week I slept very badly and I had some sleeping problems, but now I am better.

Nurse: I can see that your feelings have fluctuated. That it is common, and the next weeks will be better than the last ones. Can you describe to me what factors have influenced your daily life? If you change your nutrition, for example, before you go to sleep, do you sleep differently?

Mrs. C: Oh, yes. I ate earlier and that helped me to sleep better.

Nurse: Let me know what other aspects have been affected by your treatment. Do you have other symptoms? Do you have pain?

Mrs. C: No, nothing more. I am OK now.

Nurse: How about in other aspects? How is your social life? How is your sexual life? Did you feel sadness?

Mrs. C: No, I am feeling good. I have talked with my husband, and he very understands with me.

Nurse: It is good, to know that it is a process with changes. You will be better every day.

In this case the nurse assesses the different attributes of QOL. In the first question she asks about Mrs. C's perception in relation to her daily life and the factors that have influenced her daily life and the manner in which they have done so. Finally, she assesses other aspects, like social, emotional and sexual factors.

Borderline Case

A borderline case is an example that contains most of the attributes but not all of them⁶. In this case M has an ovarian cancer and she has abdominal pain. The nurse is assessing her in the following conversation:

Nurse: Good morning M, how are you?

M: ...I am not feeling good. I have pain, and it is very uncomfortable for me. I am a woman with many activities, and the pain has affected me too much.

Nurse: Is the pain always at the same level? What is your perception about the pain?

On a scale between 1 to 10? Does the pain present a problem in your daily life?

M: Of course, you know that I have many activities, and with pain it is impossible to do them. Right now my pain is at 3, but sometimes it is at 5 or 7. It is fluctuating.

Nurse: Do you identify some factors that increase or decrease the pain?

M: Yes, I feel that I need to change the medicine. I think that will be the solution.

Nurse: Do you have other symptoms like uterine bleeding, fatigue, or constipation?

M: No.

Nurse: I will talk to the doctor. I think that it is important to change the medicine you are receiving because you do not have another problem. You will feel better.

The individual perception, factors that affected QOL, fluctuation of QOL, and how daily life is affected are explicit attributes in this case, however the nurse only assesses the physical dimension of QOL.

Related Case

Related cases are related to the concept but that do not contain all the defining attributes⁶. The following dialogue includes a case in where a group of nurses are talking about a woman with vulvar cancer.

Nurse 1: I am very worried because the patient with vulvar cancer is not well. I think that her quality of life has been affected by the treatment. How can I assess her quality of life? How can I improve it?

Nurse 2: Quality of life has many dimensions, therefore you need a comprehensive assessment. The cancer also affects different dimensions and with questions related to these dimension you can know how she is doing.

The opinion of the patient is important. However, your opinion is important too, because you have many years in this job.

Nurse 1: Is it necessary to talk about her sexual life?

Nurse 2: It is very important, but if she does not talk about it, it is not necessary to ask her. When the patients have problems, they talk about it and it is important. You also need to ask about

her daily life, and how the treatment has affected it. The daily life could be assessed by asking about the activities that she did yesterday. In general, the QOL does not fluctuate significantly after the treatment.

In this case the attributes of QOL are in the conversation, but the characteristics of these are not correctly understood. The nurse knows about dimensions of QOL, but she believes that it is possible to conduct a good assessment only using one question. The patient's perception is important, but the nurse places the patient's perception at the same level as the nurse's opinion. The daily life is incorrectly considered, because the nurse thinks that it is sufficient to ask about 1 day. Finally, the nurse believes that the fluctuations of the QOL are resolved after the treatment.

Contrary Case

A contrary case is an example of "not the concept"⁶. The following dialogue describes a student's intervention with a woman with endometrial cancer.

Student: Mrs. V, how are you?

Women: I am not well, my disease is very emotional for me. I never thought I would have cancer. You know, it is not a disease that someone could accept.

Student: I know, but I think that you are very well. Your face is happy, and you do not have many symptoms. The cancer was detected by the sonography.

Women: Yes, it was, but this situation has been very stressful for my family and for me. My life has changed.

Student: But right now are you OK. You are receiving treatment and you will be better. The most important thing is that you attend the treatment. The physicians and nurses that are helping you are the best in this hospital.

In this case none of the attributes are present. The student did not take into ac-

count the individual's perceptions, dimensions of QOL, factors that could affect the women, fluctuations and assessment of daily life. The woman described some aspects relating to how her QOL had been affected, but the student did not look at these.

Antecedents and Consequences

The antecedents related with QOL were characteristics of the women, concerns and fears, coping style, characteristics of the disease, symptoms and characteristics of the treatment (Figure 1).

The characteristics of the women mentioned in the articles were age^{1-5,8,11-14,20}, employed status^{2,5,8,14}, income^{2,4,8,11}, marital status^{1-5,8,11,14}, and risk of cancer⁸. All of these are related significantly with QOL.

The second antecedent identified was concerns and fears. Both are related to initial diagnosis, treatment, family, fear, recurrence, second diagnosis of cancer, future diagnosis and dying^{1,3,4,8,9,11,21}.

The coping style is identified as another antecedent, because coping patterns emerged as significant prospective predictors of QOL^{3,9,10}.

Characteristics of the disease and treatment were the antecedents most studied in the articles. The disease status^{8,22}, stage^{2,3,5,8,9,12-14,20,22}, and type of cancer^{1,3,4} were significantly related to QOL. Treatment modality^{2-5,8,9,11-13,19,20,22}, time since treatment^{3,5,20} and side effect² also appears to be important factors in QOL.

The consequences of QOL are not explicit. Women with cancer are classified in a score which shows us the levels of QOL (better or worse). The instruments measuring QOL are not described; therefore, it is necessary to know the instruments for understanding how these are related to different dimensions of QOL. This was a difficulty in the concept's analysis.

Define Empirical References

Empirical references are categories of the phenomena that by their existence demonstrate the occurrence of the con-

cept itself^{6,15}. Many instruments that measure QOL have been developed, thus reflecting the complexity of this concept. This review shows us different instruments.

CONCLUSION

The results of this review provide us with a great deal of information about the antecedents of QOL, but not about its attributes and the consequences. The attributes are implicit in the dimensions of the QOL utilized. The consequences are classified into scores which classified the women according to levels of QOL (better or worse). The instruments are not explained, therefore it is necessary to know more about the instruments in order to understand how the mean scores relate to the different dimensions of QOL.

The diagnosis and treatment related with QOL are the events that have received more attention from research studies. The principal outcomes of interest of these studies are the effects of the treatment protocols on the QOL and the follow up of women after diagnosis. It is necessary to further study the consequences of QOL, because this information can provide us with important ideas for developing interventions programs. The role of the nurse is very important in the education of women. Talking to women with gynecological cancer about their symptoms and treatment is crucial because both of these affect their QOL.

As treatment becomes more effective, more and more patients are experiencing extended survival. Therefore nurses must identify ways that patients can maximize their QOL. It is necessary to develop research studies that develop and test nursing interventions targeting improved QOL. Mixed methodologies (quantitative and qualitative) can give us more information about important aspects for the women that need to be included in these interventions. The ability to measure QOL considerations has become more crucial, and as-

sisting nurses in identifying and supporting women with the disease is essential.

This paper has contributed to understand the quality of life concept in gynecological cancer. Working in the concept is an important step in development nursing theories and therefore in the nursing research area.

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Figure 1. Quality of Life in Women with Gynecological Cancer

